

FEE TRANSMITTAL

Application Number 10/550,075 Art Unit 2877
Filing Date Confirmation No. 6188
Inventor(s) Oleg Kolosov, et al.
Examiner Name
Attorney Docket Number SMX 6014.4 (2003-011CIP1 (PCT/US))

☐ Applicant claims small entity status.

METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 50-0496. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 50-0496.
- ☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____
2. ☐ EXCESS CLAIM FEES
- Total Claims ____ - ____ (HP) = 0 x Fee ____ = \$0.00
Indep Claims ____ - ____ (HP) = 0 x Fee ____ = \$0.00
Multiple Dependent Claims Fee \$ _____
(HP = highest number of claims paid for)
- Subtotal (2) \$0.00
3. ☐ APPLICATION SIZE FEE
- Total Pages N/A - 100 = NaN ÷ 50 = 0 x \$ ____ = \$0.00
(Application + Drawings) (round up to whole #)
- Subtotal (3) \$0.00
4. ☒ OTHER FEE(S)
- ☒ Fourth ____ month extension of time
☐ Information disclosure statement
☐ 37 CFR 1.17(q) processing fee
☐ Non-English specification
☐ Notice of Appeal
☐ Filing a brief in support of appeal
☐ Request for oral hearing
☒ Other: Surcharge (\$130) as set forth in
37CFR1.492(h)
- Subtotal (4) \$1720.00

TOTAL AMOUNT OF PAYMENT \$1720.00

Michael E. Godar
Michael E. Godar
10550075

11/22/06
Date

11/30/2006 01 FC:1617 02 FC:1254

Telephone: 314-231-5400

01 FC:1617 130.00 DA
02 FC:1254 MEG/ 1590.00 DA
By EFS